

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/08/03.

I. DISPUTE

Whether reimbursement is recommended for CPT codes 97110, 97545-WH and 97546-WH for dates of service 11/058/02 and 01/21/03. Carrier denied services for CPT code 97110 as “YO-Reimbursement was reduced or denied after reconsideration of treatment/service billed. CPT codes 97545-WH and 97546-WH were denied, as “N-TG-Documentation does not support the service billed. Carriers may not reimburse the service at another billing code’s value per rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted.”

II. FINDINGS

Requestor submitted a revised Table of Disputed Services indicating dates of service 09/04/02, 09/10/02 for CPT codes A4558 and 95851 and for date of service 11/08/02 CPT code 99213 are no longer in dispute and will not be reviewed.

III. RATIONALE

Requestor billed \$128.00 for date of service 01/21/03 for CPT code 97545-WH. (\$64.00 x 2 units) Carrier made no reimbursement.

Requestor billed \$256.00 for date of service 01/21/03 for CPT code 97546-WH. (\$64.00 x 4 units) Carrier made no reimbursement.

The provider is CARF accredited for date of service 01/21/03. The reimbursable rate for CARF accredited facilities is \$64.00 per hour.

Requestor submitted documentation indicating support for general therapy, but does not identify an individualized treatment plan that includes real or simulated work activities in a relevant work environment or response to treatment to ensure continued progress per MFG MGR (II)(E). Therefore, based on the submitted documentation reimbursement is not recommended.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the date of service 11/08/02.

IV. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 15th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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